MASSACHUSETTS DEPARTMENT OF INDUSTRIAL ACCIDENTS
DIA TRUST FUND M.G.L. c. 152 §34B(c) COLA REIMBURSEMENT REQUEST
PAYMENT QUARTER _____/_____/_____ TO____/_____/_____

FROM:

_____
_____
_____
_____

Mail to:

COLA Processing
DIA Office of General Counsel
600 Washington St; 6th Floor
Boston, MA 02111

Attached please find a request, pursuant to M.G.L. c. 152 §65, for Cost of Living Adjustment (COLA) reimbursement for COLAs paid on behalf of _ claimants totaling $_____. This request is being submitted on behalf of _____ _____ Insurer.

I hereby certify under pains and penalties of perjury that all laws of the Commonwealth of Massachusetts governing assessments and regulations thereof have been complied with and observed, and that all information is, to the best of my knowledge, correct. I hereby certify that there is no pending litigation in any of the names cases, that there is no payment being made by the Social Security Administration in the named cases that would affect eligibility for supplemental COLA benefits, an that the employer(s) named have not chosen to opt-out pursuant to M.G.L. c. 152.

Signed: _____
Name: _____
Title: _____
Organization: _____
Insurer: _____
Phone #: _____
Date: _____

FOR INTERNAL USE ONLY

Comments:

Payment Approved: _____

Date: _____